



ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2012
OF THE CONDITION AND AFFAIRS OF THE

Health Alliance Plan of Michigan

NAIC Group Code1311, 1311NAIC Company Code95844Employer's ID Number38-2242827

(Current Period)(Prior Period)

Organized under the Laws ofMichigan, State of Domicile or Port of EntryMichigan

Country of DomicileUnited States

Licensed as business type: Life, Accident & Health []Property/Casualty []Hospital, Medical & Dental Service or Indemnity []

Dental Service Corporation []Vision Service Corporation []Health Maintenance Organization [X]

Other []Is HMO, Federally Qualified? Yes [X] No []

Incorporated/Organized06/27/1978Commenced Business02/08/1979

Statutory Home Office2850 West Grand Boulevard, Detroit, MI, US 48202

(Street and Number)(City, State, Country and Zip Code)

Main Administrative Office2850 West Grand Boulevard

(Street and Number)

Detroit, MI, US 48202313-872-8100

(City, State, Country and Zip Code)(Area Code) (Telephone Number)

Mail Address2850 West Grand Boulevard, Detroit, MI, US 48202

(Street and Number or P.O. Box)(City, State, Country and Zip Code)

Primary Location of Books and Records2850 West Grand Boulevard

(Street and Number)

Detroit, MI, US 48202248-443-1093

(City, State, Country and Zip Code)(Area Code) (Telephone Number) (Extension)

Internet Web Site Addresswww.hap.org

Statutory Statement ContactDianna Ronan CPA, 248-443-1093

(Name)(Area Code) (Telephone Number) (Extension)

dronan@hap.org248-443-8610

(E-Mail Address)(Fax Number)

OFFICERS

Name	Title	Name	Title
William R Alvin	President and CEO	Ronald W Berry	Treasurer
Jeanne Dunk	Secretary	Irita B Matthews #	Assistant Secretary

OTHER OFFICERS

DIRECTORS OR TRUSTEES

William R Alvin	Cindy Bala-Brusilow Ph D	Marvin W Beatty	Shari Burgess #
Sandra A Cavette #	William A Conway MD	Lauren B Foster CPA #	Joyce V Hayes-Giles
Jamie C Hsu Ph D	Kirk J Lewis	Jackie Martin	Marguerite S Rigby #
Robin Scales-Wooten	Nancy Schlichting	Rebecca R Smith	Susie M Wells

State ofMichigan.

County ofWayne.

ss

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions* and *Accounting Practices* and *Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

William R AlvinPresident and CEORonald W BerryTreasurerJeanne DunkSecretary

Subscribed and sworn to before me thisday of, a. Is this an original filing?Yes [X] No []

b. If no:
1. State the amendment number
2. Date filed
3. Number of pages attached

Roderick Irwin Curry, NotaryAugust 14 2013

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE Health Alliance Plan of Michigan

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE Health Alliance Plan of Michigan

EXHIBIT 3 - HEALTH CARE RECEIVABLES

[illegible]

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

20

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE Health Alliance Plan of Michigan

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE Health Alliance Plan of Michigan

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

NONE

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment	6,247,269		5,360,026	0	887,244	
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	6,247,269	0	5,360,026	0	887,244	0



ANNUAL STATEMENT FOR THE YEAR 2012 OF THE Health Alliance Plan of Michigan

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION		Health Alliance Plan of Michigan			2. Detroit Michigan		(LOCATION)			
NAIC Group Code	1311	BUSINESS IN THE STATE OF Michigan		DURING THE YEAR 2012			NAIC Company Code			95844
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	331,214	2,068	271,249				18,619	39,278		
2 First Quarter	345,576	1,902	283,848				19,728	40,098		
3 Second Quarter	342,859	1,781	281,122				19,665	40,291		
4. Third Quarter	343,581	1,720	281,652				19,548	40,661		
5. Current Year	342,264	1,648	280,362				19,493	40,761		
6 Current Year Member Months	4,128,664	21,518	3,386,882				235,920	484,344		
Total Member Ambulatory Encounters for Year:										
7. Physician	1,399,648	870	1,083,438				73,385	241,955		
8. Non-Physician	89,392	10	58,029				4,395	26,958		
9. Total	1,489,040	880	1,141,467	0	0	0	77,780	268,913	0	0
10. Hospital Patient Days Incurred	226,838	794	78,016				6,293	141,735		
11. Number of Inpatient Admissions	46,369	174	18,972				1,465	25,758		
12. Health Premiums Written (b).....	1,883,970,836	10,013,699	1,261,461,591				113,652,152	498,843,394		
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	1,883,970,836	10,013,699	1,261,461,591				113,652,152	498,843,394		
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	1,699,656,527	9,012,850	1,135,380,999				99,809,377	455,453,301		
18. Amount Incurred for Provision of Health Care Services	1,707,495,571	9,064,833	1,141,929,568				100,718,537	455,782,633		

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$498,843,394



ANNUAL STATEMENT FOR THE YEAR 2012 OF THE Health Alliance Plan of Michigan

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION		Health Alliance Plan of Michigan				2. Detroit Michigan		(LOCATION)		
NAIC Group Code	1311	BUSINESS IN THE STATE OF Consolidated		DURING THE YEAR 2012			NAIC Company Code 95844			
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	331,214	2,068	271,249	0	0	0	18,619	39,278	0	0
2. First Quarter	345,576	1,902	283,848	0	0	0	19,728	40,098	0	0
3. Second Quarter	342,859	1,781	281,122	0	0	0	19,665	40,291	0	0
4. Third Quarter	343,581	1,720	281,652	0	0	0	19,548	40,661	0	0
5. Current Year	342,264	1,648	280,362	0	0	0	19,493	40,761	0	0
6. Current Year Member Months	4,128,664	21,518	3,386,882	0	0	0	235,920	484,344	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	1,399,648	870	1,083,438	0	0	0	73,385	241,955	0	0
8. Non-Physician	89,392	10	58,029	0	0	0	4,395	26,958	0	0
9. Total	1,489,040	880	1,141,467	0	0	0	77,780	268,913	0	0
10. Hospital Patient Days Incurred	226,838	794	78,016	0	0	0	6,293	141,735	0	0
11. Number of Inpatient Admissions	46,369	174	18,972	0	0	0	1,465	25,758	0	0
12. Health Premiums Written (b).....	1,883,970,836	10,013,699	1,261,461,591	0	0	0	113,652,152	498,843,394	0	0
13. Life Premiums Direct.....	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written.....	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned.....	1,883,970,836	10,013,699	1,261,461,591	0	0	0	113,652,152	498,843,394	0	0
16. Property/Casualty Premiums Earned.....	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	1,699,656,527	9,012,850	1,135,380,999	0	0	0	99,809,377	455,453,301	0	0
18. Amount Incurred for Provision of Health Care Services	1,707,495,571	9,064,833	1,141,929,568	0	0	0	100,718,537	455,782,633	0	0

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$498,843,394

Schedule S - Part 1 - Section 2

NONE

Schedule S - Part 2

NONE

Schedule S - Part 3 - Section 2

NONE

Schedule S - Part 4

NONE

Schedule S - Part 5

NONE

Schedule S - Part 6

NONE

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	439,968,647		439,968,647
2. Accident and health premiums due and unpaid (Line 15).....	38,353,542		38,353,542
3. Amounts recoverable from reinsurers (Line 16.1).....	0		0
4. Net credit for ceded reinsurance.....	XXX	0	0
5. All other admitted assets (Balance).....	21,676,538		21,676,538
6. Total assets (Line 28)	499,998,727	0	499,998,727
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	138,480,581	0	138,480,581
8. Accrued medical incentive pool and bonus payments (Line 2).....	4,256,207		4,256,207
9. Premiums received in advance (Line 8).....	16,904,541		16,904,541
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)	0		0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount).....	0		0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount).....	0		0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount).....	0		0
14. All other liabilities (Balance).....	108,902,876		108,902,876
15. Total liabilities (Line 24).....	268,544,205	0	268,544,205
16. Total capital and surplus (Line 33).....	231,454,521	XXX	231,454,521
17. Total liabilities, capital and surplus (Line 34)	499,998,727	0	499,998,727
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid.....	0		
19. Accrued medical incentive pool.....	0		
20. Premiums received in advance	0		
21. Reinsurance recoverable on paid losses	0		
22. Other ceded reinsurance recoverables	0		
23. Total ceded reinsurance recoverables	0		
24. Premiums receivable	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26. Unauthorized reinsurance	0		
27. Reinsurance with Certified Reinsurers.....	0		
28. Funds held under reinsurance treaties with Certified Reinsurers.....	0		
29. Other ceded reinsurance payables/offsets	0		
30. Total ceded reinsurance payables/offsets	0		
31. Total net credit for ceded reinsurance	0		

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE Health Alliance Plan of Michigan

SCHEDULE T – PART 2
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

Allocated By States and Territories

		Direct Business Only					
		1	2	3	4	5	6
States, Etc.		Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1. Alabama	AL .....						.0
2. Alaska	AK .....						.0
3. Arizona	AZ .....						.0
4. Arkansas	AR .....						.0
5. California	CA .....						.0
6. Colorado	CO .....						.0
7. Connecticut	CT .....						.0
8. Delaware	DE .....						.0
9. District of Columbia	DC .....						.0
10. Florida	FL .....						.0
11. Georgia	GA .....						.0
12. Hawaii	HI .....						.0
13. Idaho	ID .....						.0
14. Illinois	IL .....						.0
15. Indiana	IN .....						.0
16. Iowa	IA .....						.0
17. Kansas	KS .....						.0
18. Kentucky	KY .....						.0
19. Louisiana	LA .....						.0
20. Maine	ME .....						.0
21. Maryland	MD .....						.0
22. Massachusetts	MA .....						.0
23. Michigan	MI .....						.0
24. Minnesota	MN .....						.0
25. Mississippi	MS .....						.0
26. Missouri	MO .....						.0
27. Montana	MT .....						.0
28. Nebraska	NE .....						.0
29. Nevada	NV .....						.0
30. New Hampshire	NH .....						.0
31. New Jersey	NJ .....						.0
32. New Mexico	NM .....						.0
33. New York	NY .....						.0
34. North Carolina	NC .....						.0
35. North Dakota	ND .....						.0
36. Ohio	OH .....						.0
37. Oklahoma	OK .....						.0
38. Oregon	OR .....						.0
39. Pennsylvania	PA .....						.0
40. Rhode Island	RI .....						.0
41. South Carolina	SC .....						.0
42. South Dakota	SD .....						.0
43. Tennessee	TN .....						.0
44. Texas	TX .....						.0
45. Utah	UT .....						.0
46. Vermont	VT .....						.0
47. Virginia	VA .....						.0
48. Washington	WA .....						.0
49. West Virginia	WV .....						.0
50. Wisconsin	WI .....						.0
51. Wyoming	WY .....						.0
52. American Samoa	AS .....						.0
53. Guam	GU .....						.0
54. Puerto Rico	PR .....						.0
55. US Virgin Islands	VI .....						.0
56. Northern Mariana Islands	MP .....						.0
57. Canada	CAN .....						.0
58. Aggregate Other Alien	OT .....						.0
59. Totals		0	0	0	0	0	0

NONE

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE Health Alliance Plan of Michigan

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/ Person(s)	*
	Henry Ford Health Systems Group	95844	38-2242827				Health Alliance Plan of Michigan	MI	DS	Henry Ford Health System	Ownership	100.0	Henry Ford Health System	.0
	Henry Ford Health Systems Group		38-2513504				HAP Preferred Inc		DS	Health Alliance Plan of Michigan	Ownership	100.0	Henry Ford Health System	.0
	Henry Ford Health Systems Group	60134	38-3291563				Alliance Health and Life Insurance Company	MI	DS	Health Alliance Plan of Michigan	Ownership	100.0	Henry Ford Health System	.0
	Henry Ford Health Systems Group		38-2651185				Administration System Research Corporation		DS	Health Alliance Plan of Michigan	Ownership	66.7	Henry Ford Health System	.0
	Henry Ford Health Systems Group		27-0449055				HAP Community Alliance		DS	Health Alliance Plan of Michigan	Ownership	100.0	Henry Ford Health System	.0
	Henry Ford Health Systems Group		20-8423038				Physicians Care Health Management		DS	Health Alliance Plan of Michigan	Ownership	100.0	Henry Ford Health System	.0
	Henry Ford Health Systems Group	95814	38-3123777				Midwest Health Plan, Inc	MI	DS	Health Alliance Plan of Michigan	Ownership	100.0	Henry Ford Health System	.0
	Henry Ford Health Systems Group		38-1357020				Henry Ford Health System		UDP			.0		.0
	Henry Ford Health Systems Group		38-3497140				CuraNet Inc		DS	Health Alliance Plan of Michigan	Ownership	100.0	Henry Ford Health System	.0
	Henry Ford Health Systems Group		38-2791823				Henry Ford Wyandotte		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System	.0
	Henry Ford Health Systems Group		38-2594841				First Optometry Vision Plans, Inc		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System	.0
	Henry Ford Health Systems Group		38-1368330				Detroit Osteopathic Hospital		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System	.0
	Henry Ford Health Systems Group		38-2947657				Henry Ford Macomb Hospital		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System	.0
	Henry Ford Health Systems Group		38-3146042				PHO of Mercy Macomb		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System	.0
	Henry Ford Health Systems Group		38-2679527				Horizon Properties Inc		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System	.0
	Henry Ford Health Systems Group		38-2947657				Mercy Mt. Clemens Real Estate, LLC		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System	.0
	Henry Ford Health Systems Group		38-2565235				Fairlane Health Services Corp		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System	.0
	Henry Ford Health Systems Group		38-1210726				Neighborhood Development LLC		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System	.0
	Henry Ford Health Systems Group		38-2433285				Henry Ford Continuing Care Corp		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System	.0
	Henry Ford Health Systems Group		38-6553031				Henry Ford Health Care Corp		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System	.0
	Henry Ford Health Systems Group		23-7383042				Self Funded Liability Plan		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System	.0
	Henry Ford Health Systems Group		32-0306774				Henry Ford Health System Foundation		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System	.0
	Henry Ford Health Systems Group		38-3232668				Henry Ford Physician Network		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System	.0
	Henry Ford Health Systems Group		38-3232668				Northwest Detroit Dialysis		NIA	Henry Ford Health System	Ownership	56.3	Henry Ford Health System	.0
	Henry Ford Health Systems Group		34-1877956				Dialysis Partners of NW Ohio		NIA	Henry Ford Health System	Ownership	57.0	Henry Ford Health System	.0

41.1

PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

Asterisk	Explanation
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Explanation

42

42

42

42

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING		Responses
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	.....YES.....
2.	Will an actuarial opinion be filed by March 1?	.....YES.....
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	.....YES.....
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	.....YES.....
APRIL FILING		
5.	Will Management's Discussion and Analysis be filed by April 1?	.....YES.....
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	.....YES.....
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	.....YES.....
JUNE FILING		
8.	Will an audited financial report be filed by June 1?	.....YES.....
9.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	.....YES.....
AUGUST FILING		
10.	Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	.....YES.....

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING		
11.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	.....NO.....
12.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	.....NO.....
13.	Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	.....NO.....
14.	Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	.....SEE EXPLANATION.....
15.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	.....NO.....
16.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	.....NO.....
17.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	.....SEE EXPLANATION.....
18.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	.....SEE EXPLANATION.....
19.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	.....SEE EXPLANATION.....
20.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1?	.....SEE EXPLANATION.....
APRIL FILING		
21.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	.....NO.....
22.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	.....NO.....
23.	Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	.....NO.....
24.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	.....YES.....
25.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?	.....YES.....
AUGUST FILING		
26.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	.....YES.....

Explanation:

11.
12.
13.
14. HAP is not a stock company
15.
16.
17. HAP offers Mdeicare Part D through a Medicare Advantage Plan
18. HAP has no plans to seek such approval
19. HAP has no plans to seek such approval
20. HAP has no plans to seek such approval

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

21.

22.

23.

Bar code:

11.


9 5 8 4 4 2 0 1 2 3 6 0 5 9 0 0 0

12.


9 5 8 4 4 2 0 1 2 2 0 5 0 0 0 0 0

13.


9 5 8 4 4 2 0 1 2 2 0 7 0 0 0 0 0

15.


9 5 8 4 4 2 0 1 2 3 7 1 0 0 0 0 0

16.


9 5 8 4 4 2 0 1 2 3 7 0 0 0 0 0 0

21.


9 5 8 4 4 2 0 1 2 3 0 6 0 0 0 0 0

22.


9 5 8 4 4 2 0 1 2 2 1 1 5 9 0 0 0

23.


9 5 8 4 4 2 0 1 2 2 1 3 0 0 0 0 0

OVERFLOW PAGE FOR WRITE-INS

M002 Additional Aggregate Lines for Page 02 Line 25.
*ASSETS - Assets

	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 – 2)	Net Admitted Assets
2504. Other Assets.....	57,843		57,843	57,843
2505.			0	
2506.			0	0
2597. Summary of remaining write-ins for Line 25 from Page 2	57,843	0	57,843	57,843

M003 Additional Aggregate Lines for Page 03 Line 23.
*LIAB - Liabilities

	1 Covered	2 Uncovered	3 Total	4 Total
2304. Liability for CMS Coverage Gap Discount Program.....	993,865		993,865	924,030
Additional Acquisitions Costs Accrued for Purchase of Midwest				
2305. Health Plan.....			0	5,030,000
2397. Summary of remaining write-ins for Line 23 from Page 03	993,865	0	993,865	5,954,030

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK

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